

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

AIRCRAFT SYNTHESIS AND SYSTEMS EVALUATION METHOD FOR DETERMINING AND EVALUATING ELECTRICAL POWER GENERATION AND DISTRIBUTION SYSTEM COMPONENTS

the specification of which (check one)

☒ [x] is attached hereto.

☐ [] was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the patentability of the invention claimed in this application, or information that is material to the examination of this application, in accordance with Title 37, Code of Federal Regulations, section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

			Priority Claim	
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____
(Number)	(Country)	(Day/Month/Year filed)	Yes	No
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States Provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATIONS

(Month / Day / Year filed)

(Month / Day / Year filed)

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DECLARATION AND POWER OF ATTORNEY

Full name of second inventor: Merle W. Peak

Inventor's signature: _____

Date: _____

Residence: P.O. Box 66172, Burien, WA 98166

Citizenship: U.S.

Post Office Address: same

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